

REPLACE BLANK FOR EACH CHILD, and mark as FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1

(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 1a.—For State Registrar Only

500

Registration District No. 314 Registered No. 79

(For use of Local Registrar)

(No. Columbia Hospital St. .... Ward)

(2) Full Name of Child James L. L. L.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH Feb. 11, 1925

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Eugene Lacey

(9) PRESENT POSTOFFICE OF FATHER Columbia

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE U.C.

(13) OCCUPATION Druggist

(20) Number of children born to mother, including present birth 1 Lora (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Leola May Carter

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Florida

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2 Lora

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(Signature of Witness necessary only when question 23 is signed by mark)

\*When there was no attending physician or midwife, the parent or parents must make the return. If a child breathes even once, it is a birth, and must be reported to the State Board of Health.